

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016026

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No.

317

Primary Registration District No.

531

Registrar's No.

1148

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>University City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7223 Cambridge</b>				Length of stay in lb <b>YRS</b>		d. STREET ADDRESS (If outside, give location) <b>7223 Cambridge</b>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>F.</b> Last <b>Piel</b>				4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1959</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 14, 1871</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at Home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>William Bergmeier</b>				13b. MOTHER'S MAIDEN NAME <b>Louise Katherine</b>		14. NAME OF HUSBAND OR WIFE <b>John H. Piel</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mr. L.J. Siegfried 7223 Cambridge</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Arterio Sclerosis with Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>April 23, 1959</b> <b>April 22, 1959</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>4201</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>_____</b>			
20c. TIME OF INJURY Hour <b>_____</b> a.m. <b>_____</b> p.m. Month, Day, Year <b>_____</b>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>_____</b>		20f. CITY, TOWN, OR LOCATION <b>_____</b>		COUNTY <b>_____</b> STATE <b>_____</b>	
21. I attended the deceased from <b>August 15, 1954</b> to <b>April 23, 1959</b> and last saw her alive on <b>April 23, 1959</b> Death occurred at <b>April 25, 1959</b> <b>1:40 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Leo P. Siegfried M.D.</b> (Degree or title)				22b. ADDRESS <b>6677 Delmar Blvd University City (30) Mo.</b>		22c. DATE SIGNED <b>April 27, 1959</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/28/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri.</b>	
24. FUNERAL DIRECTOR <b>C.R. Lupton and Sons 7233 Delmar</b>				25. DATE RECD. BY LOCAL REG. <b>4-27-59</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

(R.E.L.  
Country Use)

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Clarence J. Murr* .....

Licensed Embalmer No. *4011* .....

P. O. Address *St. Louis, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.